

# Town of Tewksbury

## **BUSINESS CERTIFICATES**

(Commonly known as “Doing Business As” or “DBA”)

The Policy of the Town Clerk’s Office is to inform the applicant:

1. They are registering their Business Name Only
  2. The Business Certificate is not a Permit to conduct Business in a Residential District
  3. The Business Certificate carries no Zoning benefits
  4. The applicant must comply with the Zoning By-Laws and other Regulations
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### **SUMMARY OF MASSACHUSETTS GENERAL LAWS (MGL) CHAPTER 110:5**

#### **What is a Business Certificate?**

A Business Certificate is a registration of a business that is being conducted within the Town of Tewksbury. Its purpose is primarily for consumer protection and allows the public to identify and locate the owner(s) of a business. Most financial institutions require a copy of the Business Certificate prior to opening a business banking account.

#### **Who must file a Business Certificate?**

Any person conducting business in the Town of Tewksbury, under any title other than the real name of the owner, whether individually or as a partnership. If a partnership, EACH individual must sign the application in the presence of the Town Clerk or a Notary Public.

#### **Does a Business Certificate expire?**

A Business Certificate is in force and effect for four (4) years from the date of issue. It must be renewed every four (4) years for as long as the business is operating.

#### **What if I go out of business, change my residence, change the location of the business or want to change the name of the business?**

A statement under oath must be filed with the Town Clerk upon discontinuing or withdrawal from the business or partnership. There is a \$10.00 fee for address/location changes. If you wish to change the name of your business, you must "discontinue" the current Business Certificate and file a new certificate with the new business name.

#### **Must I display a copy of my Business Certificate?**

The law states that copies must be available at the address at which the business is conducted and shall be furnished upon request during regular business hours to any person who has purchased goods or services from your business.

#### **Does the Business Certificate give me the right to operate my business?**

The Business Certificate does not allow or permit any business rights with respect to the provisions of the [Town of Tewksbury Zoning Bylaws](#) and is not a permit to conduct business in a residential district. For any proposed use, a determination of the applicability of the Zoning Bylaws is to be made by the Zoning Enforcement Officer prior to commencing such use.

#### **What is the penalty for not filing for a Business Certificate?**

The law states that a fine of not more than \$300 will punish violations for each month during which the violation continues.

#### **FEES**

Business Certificate Filing	\$40.00 (Includes one certified copy)
Address Changes, Misc. Minor Changes, Etc.	\$10.00 (Includes one certified copy)

#### **FILING A BUSINESS CERTIFICATE BY MAIL:**

1. Obtain the Business Certificate Form from the Office of the Town Clerk or online @ [www.tewksbury.net](http://www.tewksbury.net)
2. Fill out completely, except for the expiration date.
3. Sign the Business Certificate Form in the presence of the Town Clerk **or** a Notary Public.
4. If a partnership, **EACH** individual must sign the Business Certificate Form in the presence of the Town Clerk **or** a Notary Public.
5. Mail the Business Certificate Form, Tax Compliance Form, and Emergency form with a check or money order, payable to the Town of Tewksbury, Office of the Town Clerk, 1009 Main Street, Tewksbury, MA 01876

FILING FEE \$40.00

( ) New  
( ) Renewal

**TOWN OF TEWKSBURY  
BUSINESS CERTIFICATE**

In conformity with the provisions of Chapter One Hundred and Ten, Section Five of the General Laws, as amended, the undersigned hereby declare(s) that a business is conducted under the title of:

\_\_\_\_\_ at

\_\_\_\_\_  
Address Business Phone Number

By the following named person(s): (Include Corporate Name and Title, if Corporate Officer)

<u>FULL NAME</u>	<u>RESIDENCE</u>
_____	_____
_____	_____
_____	_____

=====

NATURE OF BUSINESS:

=====

SIGNATURES:

_____	_____
_____	_____

On \_\_\_\_\_ the above named person(s) personally appeared before me and made oath that the foregoing statement is true.

Social Security/Federal ID Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_

(SEAL) \_\_\_\_\_  
Commission Expiration Date Notary Public/Justice of the Peace

In accordance with the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of MGL, a Business Certificate is in force and effect for four (4) years from the date of issue. It must be renewed every four (4) years for as long as the business is operating. A statement under oath must be filed with the Town Clerk upon discontinuing, retiring or withdrawing from such business or partnership.

The Business Certificate does not allow or permit any business rights with respect to the provisions of the Town of Tewksbury Zoning Bylaws and is not a permit to conduct business in a residential district. For any proposed use, a determination of the applicability of the Zoning Bylaws is to be made by the Zoning Enforcement Officer prior to commencing such use.

Copies of such certificates shall be available at the address at which such business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from such business.

Violations are subject to a fine of not more than three hundred dollars (\$300) for each month during which such violation continues.

CERTIFICATE EXPIRES ON \_\_\_\_\_

Statement of Discontinuance, Change of Residence, Change of Location of Business, Withdrawal, or  
Deceased from Business or Partnership

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1) In conformity with the provision of Chapter 110, Section 5 of the Mass. General Laws, the undersigned hereby declare(s) that we(I) have this day

\_\_\_\_ Discontinued          \_\_\_\_ Withdrawn from          Filed on Date \_\_\_\_\_

the business known as \_\_\_\_\_ conducted at  
\_\_\_\_\_ as set forth.

NAME

ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

2) The location of \_\_\_\_ the business \_\_\_\_ my residence as it appears on the business certificate of:

\_\_\_\_\_ filed on \_\_\_\_\_ has been  
changed to \_\_\_\_\_

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3) As Executor or Administrator for the Estate of \_\_\_\_\_ who died on  
\_\_\_\_\_. I hereby request a

\_\_\_\_ Discontinuance of the business certificate \_\_\_\_ Withdrawal of his/her name from the business certificate  
filed on \_\_\_\_\_ in the name of \_\_\_\_\_

\*\*\*\*\*

SIGNATURE(S):

\_\_\_\_\_  
\_\_\_\_\_

On \_\_\_\_\_ the above named person(s) appeared before me and made oath  
that the foregoing statement is true

(SEAL) \_\_\_\_\_  
Commission Expiration Date

\_\_\_\_\_  
Notary Public/Justice of the Peace

Identification Presented:          Driver's License # \_\_\_\_\_

Other \_\_\_\_\_

# TOWN OF TEWKSBURY

## TAX COMPLIANCE FORM

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Company Name

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DBA Expiration Date

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

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Signature of Individual

OR

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By: Corporate Officer

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Print Name

---

Print Name

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\*\* Social Security #

or

Federal Identification #

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency **will be subject to license suspension or revocation.** This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.

## **Tewksbury Police/Fire Emergency Information**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite # \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: (Optional) \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Hours: \_\_\_\_\_

### **Emergency Notification List:**

Name

Phone

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Please note any other information you feel the Police and Fire would need to know in the event of any emergency at your business.

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